

Complete Summary

TITLE

Management of labor: percentage of women in the guideline population who have spontaneous rupture of membranes (SROM) or early amniotomy.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Management of labor. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Oct. 73 p. [129 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of women in the guideline* population who have spontaneous rupture of membranes (SROM) or early amniotomy.

*Refer to the National Guideline Clearinghouse (NGC) summary of the Institute for Clinical Systems Improvement (ICSI) guideline [Management of Labor](#).

RATIONALE

The priority aim addressed by this measure is to increase the use of procedures that assist in progress to vaginal birth.

PRIMARY CLINICAL COMPONENT

Labor; spontaneous rupture of membranes (SROM); amniotomy

DENOMINATOR DESCRIPTION

All births by women who are covered in the guideline* as described by: nullipara female, without concomitant medical problems, at term pregnancy (36 completed weeks), having contractions, singleton fetus, cephalic presentation, no evidence of fetal distress, expected normal spontaneous vaginal delivery

*Refer to the National Guideline Clearinghouse (NGC) summary of the Institute for Clinical Systems Improvement (ICSI) guideline [Management of Labor](#).

NUMERATOR DESCRIPTION

All births among the denominator with no intact membrane at beginning of active labor. This is accomplished by either spontaneous rupture of membranes (SROM) or amniotomy.

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Management of labor](#).

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All women giving birth who are:

- Full term (36 completed weeks)
- Nullipara
- Without concomitant medical problems
- Having contractions
- Singleton fetus
- Cephalic presentation
- No evidence of fetal distress
- Expected to have a normal spontaneous vaginal delivery

Any one of several possible data collection methods may be used by the medical group to capture data for this particular population.

1. Data may be obtained retrospectively by a chart audit (using a minimum sample of 20 charts per month).
2. Data may be obtained through discharge abstract coding or other data base from the hospital.
3. The hospital may send the medical group a copy of the labor and delivery summary sheet for deliveries.
4. A copy of the nursing checklist form is sent to the medical group for data collection.

Data are reviewed to determine if the delivery fits the inclusion criteria for the measure. If no, the birth is not reviewed. If yes, the birth data are reviewed to assess if amniotomy or spontaneous rupture of membranes (SROM) occurred.

It is suggested that these data are collected monthly.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All births by women who are covered in the guideline* as described by: nullipara female, without concomitant medical problems, at term pregnancy (36 completed weeks), having contractions, singleton fetus, cephalic presentation, no evidence of fetal distress, expected normal spontaneous vaginal delivery

*Refer to the National Guideline Clearinghouse (NGC) summary of the Institute for Clinical Systems Improvement (ICSI) guideline [Management of Labor](#).

Exclusions

Unspecified

DENOMINATOR (INDEX) EVENT

Clinical Condition

Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

All births among the denominator with no intact membrane at beginning of active labor. This is accomplished by either spontaneous rupture of membranes (SROM) or amniotomy.

Exclusions

Unspecified

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percent of women in the guideline population who have SROM or early amniotomy.

MEASURE COLLECTION

[Management of Labor Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Oct

REVISION DATE

2005 Oct

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Prevention, diagnosis and treatment of failure to progress in obstetrical labor. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Oct. 35 p.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Management of labor. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Oct. 73 p. [129 references]

MEASURE AVAILABILITY

The individual measure, "Percent of women in the guideline population who have SROM or early amniotomy," is published in "Health Care Guideline: Management of Labor." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

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